



**Classical Homeopathic Practitioner
Jessica Ernewein DCHM(Hons), HD(RHom)
3140 Hwy 69N Unit 17A, Val Caron P3N1G3
sudburyhomeopathicclinic@hotmail.ca
Phone 705-222-6590**

I _____, understand that Jessica Ernewein is not a *medical doctor*, but instead a Classical Homeopath. As such, I acknowledge that it is my right and responsibility, at any time throughout my treatment with Jessica Ernewein, to seek medical counsel and diagnosis, if so desired, from a medical doctor, for any present and/or future condition(s). I also reserve the right to terminate homeopathic treatment at any time if so inclined. I acknowledge that the state of my health is my own responsibility and that I am exercising my right to choose an alternative method of treatment, in homeopathy, that addresses my health in its entirety.

FEE SCHEDULE (*Effective January 1st, 2026*)

HOMEOPATHIC TREATMENTS

CHRONIC CASE - INITIAL ASSESSMENT \$ 140.00

CHRONIC CASE - FOLLOW-UP AND/OR RE-ASSESSMENTS \$ 70.00

ACUTE CASES (COLDS/FLU/ETC.) \$ 70.00

MAGNETIC RESONANCE THERAPY

Individual Sessions \$ 30.00

Group of 5 Sessions (\$20.00/session) \$ 100.00

NUTRITIONAL/ SUPPLEMENT CONSULTATION

30 minute Session \$30.00

Please Note:

All fees are payable at the end of each consultation by either Visa, Mastercard, E-transfer or Cash

Missed Consults- If you miss a consult without providing any notice the consult fee will be charged in full (only 2 hour notice constitutes a missed consult)

24 Hour Cancellation notice: If consults are cancelled prior to 24 hours no fee will be charged. If a consult is cancelled in less than the 24 hour period or missed, the full consult fee will be charged.

GET WELL POLICY: If you fail to see improvement in ANY aspect of your case, following your first follow-up visit, I will not charge you for any subsequent visits until improvement is noted.

Patients Signature: _____

Date: _____

(If under 18 yrs of age, a parent or guardian must sign on your behalf)



Classical Homeopathic Practitioner
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CONFIDENTIAL PATIENT INFORMATION

Pre-consultation Questionnaire Homeopathic Client Information

Note to patient: Determining the proper remedy involves investigating and evaluating all the subjective and objective symptoms that you are experiencing in the context of your individual life circumstances and environment. In order to develop an accurate picture of your circumstances, and to make our time spent in consultation most effective, I request that you complete the following information form as in-depth and accurately as possible. If you have any questions, feel free to contact me. **Please note that all information provided is kept in the strictest confidence according to the laws of Homeopath – Patient confidentiality.**

_____		_____	
Surname	First name		

Address			

City	Province	Postal Code	
Home Phone		Business Phone	E-mail
_____		_____	_____
Date of initial consultation		Date of follow-up consultation	
_____		_____	

Date of Birth	_____
Sex	_____
Height	_____
Weight	_____
Weight (last year)	_____
Hair colour	_____
Eye colour	_____
Marital Status	_____
Occupation	_____

Family Doctor:

Surname	First name	
Address		
City	Province	Postal Code
Phone	Fax	E-mail

Referred By:

<hr/>	<hr/>	<hr/>
Surname	First name	Phone
<hr/>		<hr/>
Address		E-mail

Medical Complaints (Please list your major medical complaints in order of importance to you.)

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